

**THIRD OFF-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SOUTH BAY CORRECTIONAL FACILITY

for the

Physical and Mental Health Survey
Conducted October 9-11, 2018

CMA STAFF

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I. Overview

On October 9-11, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of South Bay Correctional Facility (SBCF). The survey report was distributed on November 7, 2018. In December 2018, SBCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the SBCF survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

Summary of CAP Assessments for South Bay Correctional Facility

Cap #	Request Date for Monitoring Documents	Cap Assessment Date	On-site or Off-site	Total # of Survey Findings	Total # of Open Findings	Total # of Closed Findings
1	3/12/19	4/11/2019	On-site	43	9	34
2	6/11/19	6/25/19	On-site	43	3	40
3	11/19/19	12/2/19	Off-site	43	0	3

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 2 physical health findings were corrected. All physical health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Gastrointestinal Clinic</u> PH-3: In 1 of 2 applicable records, hepatitis C treatment was not started according to the priority time frame.	X					
<u>Inmate Requests</u> PH-20: In 3 of 13 applicable records, the outcome did not occur as intended.	X					

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 1 of the 1 mental health findings were corrected. All mental health findings are closed.

Finding	Closed	Open: Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met.	Open: Adequate evidence of in-service training was provided, however there were no applicable episodes available for review.	Open: Adequate evidence of in-service training was provided, however institutional monitoring was inadequate and a level of compliance could not be determined.	Open: Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been met.	Other
<u>Self-harm Observation Status</u> MH-3: In 3 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.	X					

IV. Conclusion

All findings as a result of the October 2018 survey are closed and no further action is required on this CAP. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.